

**EARLY MENTAL HEALTH INITIATIVE
EMHI-2006**

KEY STAFF SUMMARY CHART

County: _____

**School District or
County Office of Education:** _____

PROJECT COORDINATOR

	Hours per Week
Name: _____	_____
Address: _____	

City and Zip Code _____	
Telephone Number: _____	
E-Mail Address: _____	

PLEASE LIST ALL OTHER KEY PROFESSIONAL STAFF

Name	Role in Program	Hours per Week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff hours per week should match information provided in the application narrative and budget narrative.

PROJECTED CONFERENCE ATTENDANCE

Enter the estimated number people who will attend the Training Conference to be conducted in January 2007 (remember, all key staff are required to attend this conference). Please do not include staff from any continuing EMHI funded programs:

Child Aides: <input type="checkbox"/>	Project Coordinator, SBMHP's and MH Consultants: <input type="checkbox"/>	Others <input type="checkbox"/>
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